IC8: 0200 SCABIES

1.0 STANDARD

The following procedures will be followed to investigate, manage, and control scabies in Residential Care Facilities in Fraser Health.

2.0 DEFINITIONS:

2.1 Scabies is defined as a skin infestation, caused by a tiny mite that burrows under the skin, lay eggs and multiplies. It usually causes tiny, linear, itchy red bumps, although the scabies rash may mimic other skin conditions. Scabies is transmitted from person to person through direct skin-to-skin contact and skin contact with contaminated bedding, towels and clothing. Common sites for the scabies rash include skin folds, wrist, elbow, axilla, knee, buttock, finger and toe webs, the belt line, and creases under the breasts and genital area. The rash rarely affects the head or the face.

Scabies may be crusted, typical, or suspect:

Crusted scabies is defined as “heavy” or widespread infestation and showing extensive crusting or scaling and is more easily confirmed by skin scraping with numerous mites per slide.

Typical scabies is defined as a papular rash or burrows with no crusting or scaling, involving a small or moderate area of skin surface. If scraping is positive, usually only one mite per slide is found.

Suspect scabies is defined as atypical skin lesions on individuals who have had direct contact with crusted or typical cases, their bedding or clothing.

2.2 Case Definition

Confirmed case: A person who has a skin scraping with identified mites, mite eggs, or mite feces (lab confirmed).

Suspect case: is defined as atypical skin lesions on individuals who have had direct contact with crusted or typical cases, their bedding or clothing.

A person who has an alternative explanation for his/her pruritic rash will not be considered a suspect case unless the most responsible physician includes scabies in differential diagnosis.

2.3 Outbreak

Two or more residents/ staff with lab confirmed scabies within 4-6 weeks in the same unit or facility, one case must be a resident.
2.4 Contact

An individual who has been in direct skin-to-skin contact with a confirmed case or their clothing, towels or bedding.

2.5 Symptoms

Symptoms include a rash with tiny blisters or sores with severe itching at night.

Symptoms are more likely to occur:

- Between the fingers and on the palm side of the wrists.
- On the outside surfaces of the elbows and in the armpits
- Around the waistline and navel
- On the buttocks
- Around the nipples, the bra line, and the sides of the breasts (in women)
- On the genitals (in men)

3.1 PROCEDURE

3.2 Diagnosis Confirmation

When a skin rash is identified by a care provider and scabies is suspected, the unit staff shall:

- Initiate Contact Precautions for the suspected individual
- Contact physician for an urgent visit to assess the resident, conduct skin scrapings or to refer to a dermatologist
- Contact the Medical Director if the attending physician does not attend within 24 hours
- If skin scrapings are negative or unavailable and all other symptoms point to a scabies infestation it may be necessary to proceed with control measures based on symptoms rather than a verified diagnosis
- If crusted scabies are suspected, at least one skin scraping should be done
- Negative scrapings in a person with suspected scabies should lead to a reconsideration of the diagnosis
- Start line list of residents and staff, see Appendix I Resident Line List and Appendix II Staff line list

3.3 Infection Control Measures

- Maintain resident on Contact Precautions until 24 hours after treatment has been completed
- Gloves and gowns for entry into resident area
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- In-house laundry to be placed in impervious laundry bags and labeled as infested
- Dress the affected resident in clothing with long sleeves and long pants until 24 hours after treatment is completed
- Replace all linen and clothing 24 hours following treatment
- Ensure all environmental controls addressed see section (5.0)

3.4 Notification of a single suspect or confirmed case of scabies
The Director of Care or Clinical Coordinator shall notify:
- The Resident
- The Resident's family
- Family members should visit their own physician for advice if they are identified as a contact (see 2.4)
- The Most Responsible Physician (MRP)
- Infection Prevention and Control Specialist

3.5 Notification of an outbreak
Two or more residents/ staff with lab confirmed scabies within 4-6 weeks in the same unit or facility, one case must be a resident.
The Director of Care or the Clinical Care Coordinator will notify the following:
- All residents living in the facility and their families
- Public Health
- The Licensing Officer
- Infection Prevention and Control Specialists

4.1 Outbreak Management of Clinically or Laboratory Confirmed Scabies

4.2 Leadership
- The MRP and/or the Medical Director should manage the treatment of all affected residents in the facility
- The Clinical Care Coordinator should coordinate and supervise outbreak control measures
- When an outbreak is considered to be facility-wide, a specific treatment shift or date is determined in order to treat all those affected on the same day to prevent ongoing transmission
- Household members, sexual contacts and roommates of affected employees should visit their own physician for advice if they are identified as a contact (see 2.4)
4.3 Treatment of cases

- All lab confirmed cases require treatment
- Suspect cases and contacts of confirmed cases should seek advice from their physician
- Specific treatment to be determined by the MRP or in the case of an outbreak by the Medical Health Officer

**Note:** Itching and rash may continue for 1-4 weeks after treatment. Continued itching and residual rash should not be considered treatment failure until one month after last treatment, if new lesions compatible with scabies are found, or positive skin scrapings are found.

5.0 Environmental Controls

- Affected Residents with scabies should remain on contact precautions until 24 hours after treatment is completed
- Bed linens, towels and clothes used by the affected resident(s) within 4 - 7 days prior to treatment should be bagged in an impervious bag in the resident’s room, transported to laundry and laundered in hot water (60°)
- Laundry workers should wear gloves and gown when handling any items prior to laundering
- The hot cycle of the dryer should be used for at least 10-20 minutes
- Non-washable blankets and articles (shoes) can be placed in a plastic bag for 7 days; dry cleaned or tumbled in a hot dryer for 20 minutes
- Launder curtains from affected room and clean affected room following treatment prior to returning resident to bed area
- Mattresses, upholstered furniture and carpeting should be vacuumed. There is no need for special treatment for these items
- Change all bed linens, towels and clothing daily during the treatment period. Dedicate transfer sling and walking / transfer belts and low level disinfect all equipment that is not able to be dedicated
- Discard any jars of creams, lotions or ointments used prior to treatment
- Discharge clean the residents room when precautions discontinued and all environmental control addressed
- See Appendix V Considerations Prior to Treatment
6.0 MONITORING

- Scabies lesions should begin to disappear within 48 hours, turning from pink flesh tone to brown
- Itchiness may persist for 1-4 weeks, and may require use of emollients or steroid creams
- Resident’s identified as confirmed and contacts must have skin condition monitored daily for a minimum of one month.
- Residents with a persistent pruritic rash that does not respond to treatment must be reassessed by the MRP and/or dermatologist
- See Appendix I Resident line list

6.2 Employees

- Employees to self-monitor for rashes
- Employees with confirmed scabies or identified as contacts who have not received treatment before returning to work must notify the Facility Director
- Treated employees with new lesions must be re-assessed by their physician
- Employees with generalized rash suggestive of allergic reaction should be assessed by their physician
- Staff who have symptoms of scabies are to contact Occupational Health and the manager for FHA staff and the Director of Care for contracted facilities

6.3 Declaring the Outbreak Over

- The outbreak is declared over in consultation with Public Health
- Notify staff, residents, family members, contractors and visitors that the outbreak is over

6.4 Admissions and Transfers

- There is no halt to admissions and transfers
- Do not place a new admission into a room with a resident who has scabies until 24 hours after the resident has completed treatment

7.0 Appendices:

IC8 0210 Appendix I Resident Line List
IC8 0220 Appendix II Staff Line List
IC8 0230 Appendix III Staff Script
IC8 0240 Appendix IV Scabies Check List
IC8 0250 Appendix V Considerations Prior to treatment
IC8 0260 Appendix VI Skin Scrapings
IC8 0270 Appendix VII Scabies Fact Sheet

8.0 REFERENCES:

BCCDC Scabies overview. November 2013  
http://www.bccdc.ca/dis-cond/a-z/_s/Scabies/overview/default.htm

HealthLink BC. Scabies February 2013  
http://www.healthlinkbc.ca/healthfiles/hfile09.stm

BCCDC Communicable Disease Control. Scabies February 2005  